



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

TYPE OR PRINT ALL INFORMATION

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Contact Name: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____ Has this person completed the Rule 2202 ETC Training? Yes _____

Area Code

No _____

(If No, please explain) _____

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official: _____ Date: _____



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Section I (continued)

Check One Box Only

Select Type of Program:

☐**Air Quality Investment Program** (Complete Sections I, II) pages 1-3.☐**Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-8 if applicable.☐**Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25.☐**Employee Commute Reduction Program Offset** (Complete Sections I, IV) pages 1-2, 5-9, and 26.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rules 308 and 311.

Site Street Address, City, Zip	Total # Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Late Fees, if applicable: (50% of submittal fee)		<input type="text"/>
Total Fees Submitted:		<input type="text"/>



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Section II - Air Quality Investment Program (AQIP) Option	
1. Enter the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period excluding those weeks which include a national holiday.	
If this is an Annual Option or the first year of a Three-Year Option GO TO Line 2. If this is the second or third year of a Three-Year Option GO TO Line 3.	
2. Multiply Line 1 times the dollar amount for annual or three-year option and enter that amount and STOP here. Check one: Annual \$60 _____ Three-Year \$125 _____ Remit this amount plus the Filing Fee	\$
3. Second or Third Year of a Three-Year Option Enter the additional number of employees relative to the first year of the Three-Year Option.	
4. Multiply Line 3 times \$60 and enter that amount and STOP here. Remit this amount plus the Filing Fee	\$

If you are using the AQIP option to comply with Rule 2202, stop here and submit only completed pages 1, 2, and 3 of this package.